## **Boren Fellowship Language Proficiency Form**

Applicant's Name:							
Co	untry and Language o	f Study:					
Wh		re a minimur	n competency l	evel in a given	language in ord	David L. Boren Fellowship program. der to qualify for a fellowship (with the	
asso and for	ess your language ability l additional evidence of	7. While you competency, our language a	may assess you such as univers ability, indicate	ur own skills, th	e stronger app certification or	r qualified evaluator, who can accurately lications will include external evaluation FSI ratings. If you are unable to arrange ment. Likewise, indicate if you have not	
1.	What language do you	consider to b	e your native la	anguage?			
2.	a				Proficiency and number of years studied and/or spoken:		
	b						
	c						
	d						
3.	Language(s) which will be the focus of your Boren I  a b			-			
					c		
4.			_	_	ship. You will be tested on your primary language.		
				Assessment of applicant's ability in this language is based upon:			
	Evaluation by la	nguage profe	ssor	Self-Assessment		_ Other (please describe)	
<b>To the evaluator:</b> Please rate the applicant's ability in the following areas using the scale provided. Please provide any additional comments in the space below or on a separate sheet of paper.							
Language Area: Rating			Rating Scale				
Speaking 0 -			0 – No ability whatsoever in the language				
Aural Comprehension			<ul> <li>1 – Able to satisfy some basic survival needs</li> <li>2 – Able to satisfy routine social demands and limited work requirements</li> </ul>				
Reading Comprehension			3 – Able to function in the language effectively in most formal and informal conversations 4 – Able to communicate with a great deal of fluency and grammatical accuracy				
Reading Completionsion		5 – Able to communicate like an educated native speaker					
Writing							
Evaluators' Name:		Signature: _				Date:	
Title:		Phone:			Email:		
Ins	titutional Affiliation:						